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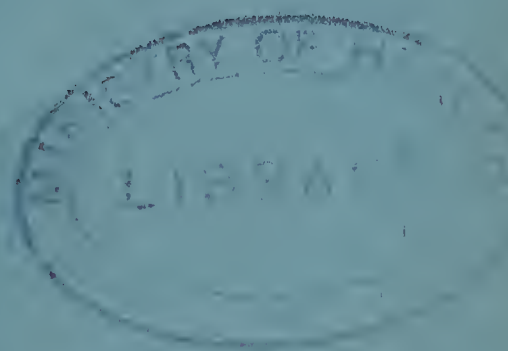
**TENDRING RURAL DISTRICT
COUNCIL**

ANNUAL REPORT

of the

**MEDICAL OFFICER
OF HEALTH**

FOR 1951



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Tendring Rural District Council

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1951.

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Vice-Chairman :
Mr. W. E. L. WORN.

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PUBLIC HEALTH OFFICERS

F. L. GROARKE, M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.,
Medical Officer of Health.

*G. W. YEARSLEY, M.R.San.I., M.S.I.A., Chief Sanitary Inspector.

*T. R. HICKS, M.S.I.A., Additional Sanitary Inspector.

Miss V. G. HENAGULPH, Clerk to the Medical Officer of Health.

R. G. DEBNAM, Clerk to the Sanitary Inspector.

* Cert. S.I.J.B. and Cert. R.San.I. Meat and Other Foods Inspection.

Mr. A. E. Lockwood, deputy chief sanitary inspector until 13th October, 1951, left to take up an appointment with the Southern Rhodesian Government.

Mr. F. G. Lambert, additional sanitary inspector left on 28th February, 1951.

Council Offices,
Weeley,
Clacton-on-Sea.

July, 1952.

To the Chairman and Members of the
Tendring Rural District Council.

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report which deals with the health and sanitary circumstances of the Rural District for the year 1951. Information concerning the various health services administered in your district are included, in addition to the normal statistics dealing with births, deaths and infectious diseases.

The health services under the National Health Service Act are a great benefit to the community, but are proving to be very expensive. Vast sums of money are spent on curing established disease, and in spite of the many wonderful drugs discovered during the past twenty years or so it is found necessary to provide more and still more hospital accommodation. The fact that it pays to prevent illness is a principle which is becoming established. The prevention of a disease or disorder is of more benefit than curing one and in the long run will be found less expensive.

Great progress has been made in the prevention of disease. The infectious disease, which formerly were a menace are no longer prominent as causes of death. Diphtheria has practically vanished and the time is soon coming when whooping cough will be likewise banished.

There is tremendous scope for the prevention of mental ill health. It is estimated that 40 per cent of the total hospital accommodation in the country is set aside for this purpose, and that one third of all persons who seek medical advice are suffering from disorder in which mental and emotional factors are of primary importance. Psychosomatic disorders by which we mean diseases in the body brought about by our emotions, such as fear, worry, stress, anxiety, etc. are becoming very common indeed, and are causing many deaths particularly in the middle aged groups.

Delinquents, criminals, problem families, illegitimacy, child neglect and the like are common social evils which have come to be accepted as unavoidable, and much money is spent on the care of such cases and in the protection of society. The origin of behaviour such as that mentioned may frequently be traced to the childhood of the person where as a baby he may have been unwanted and did not enjoy the love and affection which is given by a normal mother. Such children are infected with a mental disease from this disturbed emotional relationship with their mother, and become persons of unstable personality who exercise an unfavourable influence on society. This disease with which they were infected in infancy can but rarely be cured, but could be prevented in the first instance.

Housing is among the most important factors which we accept as contributing to the mental and physical health of a community. A family cannot lead happy and healthy lives unless they have a house which is fit to live in, unfortunately this district has inherited a legacy of many unfit houses from the past (our Rural Housing Survey has deemed 557 houses to be unfit for human

habitation). These houses do not contain the elementary requisites for healthy family life, yet in spite of this Council's good record in building new houses these unfit houses are the only houses for over five hundred families, overcrowding and high rents are other factors which promote ill health and so inflate the bill which we pay for our health services.

It does not appear logical that a national health service should undertake the hospital and domiciliary services only, while prevention of disease, which is at least of equal importance with the other branches is left to local authorities and the ratepayers. Would it not be more sensible to unite the three branches of medicine under one control which could then make an orderly approach to the whole problem.

There is much support for the re-organisation of the whole scheme on certain local government lines. It is believed that units with a population of about 250,000 should be large enough to carry the financial burden, while at the same time remaining small enough to stimulate interest among the people it is designed to serve. Hospital, domiciliary and preventive services could then be co-ordinated under one administration which would be in a position to tackle the many and complex problems relating to causation of disease. The goal to aim at in any national health service should be to keep the people healthy, whereas at present we are rather throwing all our resources into the treatment of established disease.

Re-organisation of local government has been much in the news. The opportunity to modify the national health service will come when the report of the Local Government Boundary Commission is again discussed in Parliament, and I hope that those who advocate changes in local government will produce a case to show that modifications in the national health service are desirable and for the good of the community and will fit in nicely into the scheme of things being proposed.

In presenting this report I wish to thank the Council for their support, and also to express my appreciation for the help and co-operation received from the various officers and their departments of the Council, and particularly to the Chief Sanitary Inspector and public health staff.

I am,

Your obedient servant,

F. L. GROARKE,

Medical Officer of Health.

SECTION A

STATISTICAL MEMORANDUM

Rural District ....	....	....	....	Rural District of Tendring	
Area in Acres ....	....	....	....	....	66,921
Population :					
1951 Registrar General's Estimate	....	....	....		24,830
1951 Census	....	....	....	....	25,016
Density of Population per acre	....	....	....	....	.37
Rateable Value	....	....	....	....	£109,232
Sum represented by penny rate (1951/2)	....	....	....	....	£444
Number of inhabited houses (approx.)	....	....	....	....	8,675
Total Live Births	....	....	....	....	355
Birth rate	....	....	....	....	14.29
Birth rate corrected	....	....	....	....	16.00
Total still births	....	....	....	....	2
Still birth rate	....	....	....	....	5.5
Total Deaths	....	....	....	....	306
Death rate	....	....	....	....	12.32
Death rate corrected	....	....	....	....	9.73
Deaths of Infants under 1 year of age	....	....	....	....	2
Infantile Mortality Rate	....	....	....	....	5.63
Number of Illegitimate Births	....	....	....	....	16
Percentage of Total Births	....	....	....	....	4.5
Deaths from Diarrhoea (under 2 years of age)	....	....	....	....	Nil
Cancer Deaths	....	....	....	....	38
Tuberculosis deaths	....	....	....	....	8

VITAL STATISTICS

(a) LIVE BIRTHS :

	Male	Female	Total
Legitimate	172	167	339
Illegitimate	6	10	16
	<hr/>	<hr/>	<hr/>
	178	177	355
	<hr/>	<hr/>	<hr/>
Birth Rate	14.29 per 1,000 population		
Percentage of Illegitimate Births	....	....	4.5

The birth rate of England and Wales was 15.5 per 1,000 population our rate is, therefore, 1.21 below that for the country generally.

The reason for this inequality is due to the difference in the age and sex distribution of the Rural District from the country as a whole.

A comparability factor is therefore issued by the Registrar General. The figure for Tendring is 1.12 giving a corrected birth rate of 16.00.

(b) STILL BIRTHS :

There were 2 still births during the year, equivalent to a rate of 5.5 per 1,000 total births.

(c) DEATHS :

The total number of deaths registered during the year as belonging to the Rural District was 306, of which 179 were males and 127 were females. This is equal to a death rate of 12.32 per 1,000 population compared with a rate of 12.5 for the country generally.

The comparability factor of 0.79 gives a corrected death rate of 9.73.

Of the 306 deaths, the number over the age of 65 years totalled 241 giving a percentage of 78.7.

The causes of death are given in Table II.

(d) INFANT MORTALITY RATE :

There were 2 deaths of children under 1 year of age. The infantile mortality based upon the number of live births registered in the year, i.e., 355, is equivalent to a rate of 5.6 per 1,000 births compared with a rate of 29.6 for the country.

The number of deaths of children under 1 year since 1920 :

1920	....	25	1936	....	20
1921	....	25	1937	....	7
1922	....	19	1938	....	13
1923	....	14	1939	....	8
1924	....	20	1940	....	15
1925	....	22	1941	....	17
1926	....	16	1942	....	16
1927	....	9	1943	....	12
1928	....	12	1944	....	12
1929	....	21	1945	....	10
1930	....	19	1946	....	15
1931	....	10	1947	....	16
1932	....	14	1948	....	15
1933	....	14	1949	....	8
1934	....	16	1950	....	4
1935	....	20	1951	....	2

(e) Among the principal causes of death are the following :—

Influenza	....	....	....	....	10
Tuberculosis	....	....	....	....	8
Pneumonia	....	....	....	....	12
Bronchitis	....	....	....	....	14
Cancer	....	....	....	....	38
Intracranial Vascular Lesions	....	....	....	....	51
Heart Disease	....	....	....	....	107

TABLE I.

DEATHS AT VARIOUS AGES DURING 1951.

Under 1 year	....	....	....	....	2
1 and under 2 years	....	....	....	....	0
2 and under 5 years	....	....	....	....	2
5 and under 15 years	....	....	....	....	2
15 and under 25 years	....	....	....	....	4
25 and under 35 years	....	....	....	....	7
35 and under 45 years	....	....	....	....	8
45 and under 55 years	....	....	....	....	18
55 and under 65 years	....	....	....	....	32
65 and under 75 years	....	....	....	....	85
75 and upwards	....	....	....	....	146
					<hr/> 306 <hr/>

TABLE II
CAUSES OF DEATH DURING 1951 (R.G.)

Causes of Death	Male	Female	Total
Tuberculosis, respiratory	3	1	4
Tuberculosis, other forms	1	3	4
Syphilitic Disease	1	0	1
Meningococcal infections	1	0	1
Other infective and parasitic diseases	1	0	1
Cancer (all sites)	27	11	38
Diabetes	0	3	3
Vascular lesions of nervous system	27	24	51
Heart Disease	70	37	107
Other circulatory disease	2	6	8
Influenza	5	5	10
Pneumonia	6	6	12
Bronchitis	7	7	14
Other diseases of respiratory system	1	2	3
Ulcer of stomach duodenum	2	0	2
Nephritis and Nephrosis	0	1	1
Hyperplasia of prostate	3	0	3
Other defined and ill-defined diseases	15	16	31
Motor vehicle accidents	3	1	4
All other accidents	2	2	4
Suicide	2	2	4
	<hr/> 179	<hr/> 127	<hr/> 306

TABLE III.
INFANTILE DEATHS

The following table shows the cause of, and the ages at death, of the 2 infantile deaths registered :—

	1 week to 1 month	3 months to 6 months	Total
Prematurity	1	—	1
Misadventure	—	1	1
	<hr/> 1	<hr/> 1	<hr/> 2

TABLE IV.

COMPARATIVE STATISTICS

Birth rates, Death rates, Analysis of Mortality, Maternal Mortality and Case rates for certain Infectious Diseases in the Year 1951. Provisional figures based on Quarterly Returns.

Rates per 1,000 Population.

					T.R.D.C.	England & Wales
Births:						
Live Births (Corrected)	....	....	....	....	15.80	15.5
Still Births	....	....	....	....	0.08	0.36
Deaths:						
All Causes (Corrected)	....	....	....	....	9.73	12.5
Typhoid & Paratyphoid	....	....	....	....	0.00	0.00
Whooping Cough	....	....	....	....	0.00	0.01
Diphtheria	....	....	....	....	0.00	0.00
Tuberculosis	....	....	....	....	0.32	0.31
Influenza	....	....	....	....	0.40	0.38
Smallpox	....	....	....	....	0.00	0.00
Acute Poliomyelitis (including encephlitis)	....	....	....	....	0.00	0.00
Pneumonia	....	....	....	....	0.48	0.61
Notifications (Corrected)						
Typhoid Fever	....	....	....	....	0.00	0.00
Paratyphoid Fever	....	....	....	....	0.04	0.02
Meningococcal Infection	....	....	....	....	0.00	0.03
Scarlet Fever	....	....	....	....	0.86	1.11
Whooping Cough	....	....	....	....	6.04	3.87
Diphtheria	....	....	....	....	0.00	0.02
Erysipelas	....	....	....	....	0.12	0.14
Smallpox	....	....	....	....	0.00	0.00
Measles	....	....	....	....	8.53	14.07

	T.R.D.C.	England & Wales
Pneumonia	1.12	0.99
Acute Poliomyelitis (including Polio- encephalitis)		
Paralytic	0.00	0.03
Non-Paralytic	0.00	0.02
Food Poisoning	0.00	0.13

(Rates per 1,000 Live Births).

Deaths:

All causes under 1 year of age	5.6	29.6 (a)
Enteritis and Diarrhoea under 2 years of age	0.00	1.4

Notifications (Corrected)

	Rates per 1,000 Total (Live and Still) Births	
Puerperal Fever and Pyrexia	2.80	10.66

MATERNAL MORTALITY IN ENGLAND & WALES

Cause	Rates per 1,000 Total (Live and Still) Births		Rates per million women aged 15-44	
	T.R.D.C.	England & Wales	T.R.D.C.	England & Wales
Sepsis of Pregnancy, child- birth and the puer- perium	0.00	0.10		
Other toxaemias of preg- nancy and the puer- perium	0.00	0.24		
Haemorrhage of preg- nancy and child birth	0.00	0.13		
Abortion without sepsis or toxaemia	0.00	0.05	—	4
Abortion with sepsis	0.00	0.09	—	7
Other complications of pregnancy, childbirth and the puerperium	0.00	0.18		

(a) per 1,000 related live births.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

(a) STAFFING

- (i) The Medical Officer of Health holds the following appointments :
Medical Officer of Health to the Rural District of Tendring, and
to the Urban Districts of Clacton, Brightlingsea, Frinton and
Walton.

Essex County Council:

Assistant County Medical Officer and Assistant School Medical
Officer.

- (ii) Sanitary Inspectors :

Sanitary Inspectors are members of a team of health workers which include doctors, nurses, social workers and various medical auxiliaries, each member of the team contributes his quota to the promotion of good health, social welfare and the alleviation of suffering among the population. Sanitary Inspectors are concerned with the special field of environmental health, which includes the places where people live and work, the food and drink they consume, the air they breathe, the influence on health of deleterious conditions in the neighbourhood, the securing of good hygienic conditions wherever they are found below standard and certain aspects of infectious and other diseases.

The Sanitary Inspector should be regarded as a specialised health worker in the field of preventive medicine.

(b) LABORATORY FACILITIES

Pathological specimens are examined at the Laboratory, Essex County Hospital, Colchester.

Samples of water, sewage, etc., for chemical analysis are sent to the Counties Public Health Laboratories, 66, Victoria Street, London, S.W.1.

The bacteriological examination of water supplies, milk supplies, ice cream, etc., is carried out at the Public Health Laboratory, Ipswich.

It is necessary for the health department of any authority to make full use of the laboratory facilities in the area, and I would like to express my appreciation for the co-operation and help which this department has received from the staff of these laboratories.

(c) HEALTH SERVICES PROVIDED BY THE ESSEX COUNTY COUNCIL

- (i) Nursing in the Home.
- (ii) Midwives.
- (iii) Health Visitors.
- (iv) Home Helps.
- (v) Immunisation.
- (vi) Clinics.
- (vii) School Medical Service.
- (viii) Ambulance Service.

Below is a list of clinics held in this area.

Maternity and Child Welfare :—

Ardleigh, Wesleyan School Room, Colchester Road: Second Thursday 2.30 to 4.30 p.m.

Great Bentley, Senior School : Fourth Tuesday 3 to 5 p.m.

Frating, Village Hall, Colchester Road : First Friday 2 to 4 p.m.

Lawford, Ogilvie Hall : First Friday 2 to 4 p.m.

Manningtree, The Parish Room, Stour Street : Second Tuesday 2.30 to 4.30 p.m. Fourth Tuesday 2.30 to 4.30 p.m. (immunisation clinic only).

St. Osyth, The Johnson Institute : Second Tuesday 2 to 4 p.m.
Parkeston, Wesleyan School, Garland Road: Third Tuesday 2.30 to 4.30 p.m.

Thorpe, Women's Institute, Main Road: Second and fourth Wednesdays 2.30 to 4.30 p.m.

Weeley, Combined County Clinic: First and Third Fridays 2 to 4 p.m.

Wix, The Chapel Room, Main Road: Second Monday 2.30 to 4.30 p.m.

Diphtheria immunisations are carried out at all the above Clinics.

Minor Ailments Clinics.

School children attend at the conclusion of the Child Welfare Clinic at Weeley, Parkeston and Manningtree.

Special Clinics.

Ophthalmic, Orthopaedic and Child Guidance Clinics, to which children residing in the Rural District Area can attend, are held at Colchester, Clacton-on-Sea and Harwich.

Ante -Natal and Post-Natal Clinic.

Combined Clinic, Weeley: First and Third Thursday 2.30 to 4.30 p.m.

Dental Clinic, Weeley: When necessary.

(d) HEALTH SERVICES PROVIDED BY THE REGIONAL HOSPITAL BOARD.

(i) Tuberculosis.

A chest clinic is held at 2, Shewell Road, Colchester daily and on Friday mornings at the Combined Treatment Centre, Skelmersdale Road, Clacton.

(ii) Venereal Diseases.

Facilities are provided at the Essex County Hospital, Colchester, and at Harwich.

(iii) Hospital for the chronic sick.

Heath Hospital, Tendring.

(iv) Myland Hospital, Colchester, admit cases of infectious disease which occur in this district.

(v) Maternity Hospital, Lexden Road, Colchester, admit maternity cases from this area.

(vi) General hospitals which cater for this area are situated at Colchester, Clacton and Harwich.

NATIONAL ASSISTANCE ACT, 1948

There are many old persons in this, as in other districts, living alone who would undoubtedly be better cared for physically in an institution, where they would have regular suitable food, clean clothes and a clean bed to sleep in, but human nature being what it is the majority of these persons prefer to be left in their own homes no matter how insanitary that is. The mental well being of these old persons is of equal importance to physical care, and it is only when we have exhausted all other channels of help that we consider taking action under the above section.

We try to arrange for a relative to help, but the cases which are brought to our notice are usually those that have no relatives, or have relatives who are unable or unwilling to help.

The Home Help Service is of great value in such cases. We arrange and pay a woman to visit daily and assist in the running of the home. Unfortunately suitable home helps are scarce and the service is an expensive one for the County Council to maintain, but this service has been a success and is becoming more and more in demand, particularly for the aged and infirm for whom adequate institutional accommodation is lacking.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLIES

The district is now extensively provided with water mains, both in the statutory area of the Tendring Hundred Waterworks Company and elsewhere, the Council having laid mains in the Western area parishes of Alresford, Ardleigh (part), Elmstead, Frating, Great Bentley, Great Bromley and Thorington. One or two extensions have been decided upon, but otherwise the position has been reached where it is uneconomic to carry out further extensions.

Approximately 50% of the properties (502) have been connected along nearly thirty miles of mains in the Western area scheme and it is clear that a much greater response is needed to help to meet in some degree the enormous cost involved. In times of drought there has been a great outcry for water mains, but when mains are laid and the emergency has passed there is not that eagerness to connect that might have been anticipated.

The cost of laying water on to properties from the mains is considerable and only when the property is particularly fortunately sited can it be connected to the main within the £20 limit mentioned in Section 138, Public Health Act, 1936. This limit of £20 incorporated in the section mentioned is so out of date as to render this section virtually ineffective, and has had the effect of sterilising the section in question, thus perpetuating a menace to public health and incidentally a loss of revenue to the water undertakings who have provided this necessary service at great expense. In my opinion, the figure should be amended to at least £50, and in addition the Council should make a loan to such owners who should connect, but are unable to do so on account of economic stringency, the amount to be recouped over a period of years. By this means we could enforce connections by statutory notices, which we cannot do now without resulting in a heavy rate burden.

The main source of the water supply is from the Tendring Hundred Waterworks Company, but in the parish of St. Osyth water may also be supplied from two other sources at Great Bentley and St. Osyth, which belong to the Clacton Urban District Council.

Bacteriological examinations made of the raw water before it passes into the distribution mains have proved satisfactory, and in addition the

water supplied from the various sources is chlorinated as an additional precautionary measure.

It is usual for some deterioration in quality to take place before use at the consumer's premises. Samples of water taken at properties in the district frequently show this, and measures are taken to ascertain the source of the pollution if much deterioration has occurred. The storage of water in open cisterns under the roof is a cause for deterioration in some cases, while another frequently discovered reason is the anti-splash device fitted to the tap in the kitchen. This device may act as a trap for any organic matter in the water, which matter may act as a culture medium for bacteria and give rise to contamination of the water.

Hardness.

The water supplied by the Tendring Hundred Waterworks Company's Lawford Works is very much harder than a larger proportion of public supplies, and is unusually hard for main water.

The Company's new source at Dedham is however, capable of providing a water of 200 ppm less in total hardness than Lawford, so that the mixture of two waters should result in a reduction of at least 180 ppm of total hardness.

The advantages of a softer water are a saving of soap (a reduction of 180 parts would give a saving of between two and three pounds of soap per head per year), saving in work and deterioration of fabrics, also a reduction in deposits of scale in domestic and industrial water heating apparatus.

It is practicable to soften the water to a reasonable level, but the capital charges for plant and the operational cost would be considerable, particularly as the water supplied from both sources show a high chlorine content, and therefore have a latent corrosive tendency. Any softening process must be carefully regulated to avoid accentuating this characteristic. The cost of softening this water would probably be in excess of 5d. per thousand gallons, and would reduce the hardness from the 'very hard' to the 'moderately hard' class which would not be sufficient to prevent the deposition of scale on water heating apparatus, but would slow the process down.

The company must, if and when the Ministry of Housing and Local Government shall so require, soften their water so that it shall not have a hardness exceeding 180 parts per million.

Corrosion.

Consumers complain that the water supplied at their premises is sometimes discoloured. The substance which discolours the water is iron oxide which results from a reaction between the water and the main, and has no connection with the hardness of the water. We know that considerable lengths of distribution mains are in varying stages of encrustation, while those mains in the parish of St. Osyth are probably affected more severely than the rest.

The corrosion which occurs in the water mains in our district is caused by different factors in each of the two sources of supply.

The high chloride content of the water supplied by the Tendring Hundred Waterworks Company is the main reason from this source, while a very unfavourable feature from the aspect of corrosion of the water supplied by the Clacton Urban District Council to the parish of St. Osyth is the faintly acid reaction, due to the high content of free carbon dioxide.

The Tendring Hundred Waterworks Company have recently introduced measures to reduce the corrosive tendencies of the water which they supply to this district, which include aeration, alteration of the pH by the use of soda ash, and by mostly using water from the newer Dedham Works have lowered the chloride content of the bulk supply.

The source of supply to the parish of St. Osyth up to 1950 had been almost entirely from the wells in Great Bentley and St. Osyth, which belong to the Clacton Urban District Council, but for 1951 these two wells were closed down for eight months of the year and were in operation for the summer months only. Circumstances at these works make it impossible to remove the carbon dioxide by aeration without alterations requiring very considerable expenditure, which would be out of proportion to the small output.

The effects of corrosion are that the carrying capacity of the mains are affected by the formation of these deposits. This is particularly noticeable in the parish of St. Osyth where the water supply in the peak periods of the year is scarcely adequate. Another effect is that this encrustation is soft and in the wet state is easily scraped off the main. When velocity of the water in the main is increased, some of this encrustation comes away from the main and discolours the water—hence the complaints which we receive. A further effect is that the main itself may become defective and allow the entrance of organic matter, thereby causing deterioration of the water during its passage to the consumer.

Chemical Analysis in parts per million of the Area's Water Supply.

			Clacton U.D.C.		Tendring Hundred Waterworks Company	
			St. Osyth Pumping Station	Gt. Bentley Pumping Station	Lawford Works	Dedham Works
Colour	....	....	Nil	Nil	Less than 10	Less than 10
Reaction pH.	....	....	6.3	6.1	7.4	7.9
Electric Conductivity	....		420	480	2250	1020
Chlorine in Chlorides	....		34	43	590	165
Hardness: Total	....	....	155	180	500	285
Carbonate	....		40	20	270	260
Non-Carbonate	....		115	160	230	25
Nitrate Nitrogen	....	....	14	15	0	0
Ammoniacal Nitrogen	....		0.000	0.000		
Albuminoid Nitrogen	....		0.017	0.030		
Metals: Iron	....	....	0.15	Absent	0.40	0.24
Turbidity	....	....	Less than 3	Nil	4	3
Odour	....	....	Nil	Light Chlorinous	Nil	Nil
Free Carbon Dioxide	....		46	48	19	18*
Total Solids	....	....	280	320	1450	670
Alkalinity as Calcium Carbonate	....	....	40	20	270	260
Nitrite Nitrogen	....	....	Less than 0.01	Absent	0.01	0.01
Oxygen Absorbed....	....		0.30	0.45	0.35	0.10
Residual Chlorine	....		Absent	0.20	0.10	0.18
Free Ammonia	....	....			1.40	0.44
Albuminiod Ammonia	....				0.020	Nil

* This figure is reduced to 6 after aeration.

RIVERS AND STREAM POLLUTION

A number of informal and one statutory notice were served during the year.

The Council is faced with considerable expenditure in dealing with a number of out-dated sewage tanks if it is to be saved from reproach in this matter. Piped water supplies and improved indoor sanitation demand more adequate methods of disposal than exist in a number of villages.

SEWERAGE AND DRAINAGE

Apart from the sewerage of new housing estates and improvements to existing sewage plants the Lawford sewerage scheme was put into operation.

Good progress has also been made with a major sewerage scheme in the parish of Little Clacton and the year 1952 should see this in operation. This scheme will make main drainage available to the bulk of the properties in this village which has a population of approximately 1,500. It is a scheme that has been long overdue, in that all the ditches are grossly polluted, and yet the Council only received the Minister's consent after much representation and persistence.

PUBLIC CLEANSING AND SALVAGE

(a) Except for the addition of new property this work has proceeded very much as last year. Refuse collection is undertaken either weekly or fortnightly to almost all properties throughout the rural district. Approximately 5,000 tons of refuse are collected during the year from in the region of 8,000 properties by direct labour. Four modern refuse collection vehicles and one open truck are in use. Refuse is disposed of on three tips at Weeley, Lawford and Parkeston.

(b) Cesspool emptying has continued with the Council's 750 gallon machine and 1,320 loads have been dealt with. A charge of 10/-d. per load for domestic and £1 0 0 for trade premises is made, the domestic charge being only about one half of the actual cost. The demand is higher than one machine can reasonably cope with, but a second machine would cost approximately 1½d. rate unless the charges to domestic and trade premises were reviewed. The sewerage scheme for the village of Little Clacton should ultimately reduce the demand to a considerable extent. Disposal of cesspool contents is always something of a problem in the winter months when it is not possible to run on arable land. Farmers generally are not eager to provide compost heaps for this purpose.

(c) Good results were obtained from salvage collections up to the 31st December, the waste paper prices during the second half of the year being a great improvement on those obtaining for the first six months:

					Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper	....	....	....	....	141	17	2	19	2,341	4	3
Textiles	....	....	....	....	1	1	1	20	35	7	1
Bones	....	....	....	....	1	4	2	0	7	14	7
Ferrous Metals	....	....	....	....	13	4	2	14	42	0	11
Non-Ferrous Metals	....	....	....	....			3	26	5	8	9
					157	9	0	23	2,431	15	7

Though the results have been good they could have been much better if the value of paper was more widely appreciated.

RATS AND MICE DESTRUCTION

The Council employ two part-time operators on this work. Sewers, sewage works and refuse tips are dealt with systematically. All infestations on domestic premises are treated free of charge, but trade and agricultural properties are charged with the full cost.

Infestations on agricultural properties are usually dealt with by the pests department of the Agricultural Committee and although the responsibility for the administration of the Prevention of Damage by Pests Act, 1949, relating to rats and mice destruction, is the responsibility of the Council, due to good liaison I do not think there is much need for alteration of procedure. No infestations whether notified or discovered on inspection are left untreated. Destruction of rats and mice is now being carried out on a much greater scale than was ever done under the 1919 Act.

ERADICATION OF VERMIN

Six houses were fumigated for fleas, three were treated for woodworm and one for ants.

FUMIGATION AFTER INFECTIOUS DISEASE

Seven houses were fumigated after removal or recovery of patients.

FACTORIES—DETAILS OF INSPECTION

		No. on Register	Inspections	Number of Written Notices
Factories without				
Mechanical power	....	14	4	1
Factories with				
Mechanical power	....	52	9	—
		—	—	—
		66	13	1
		—	—	—

DEFECTS

	Found	Remedied
Lack of sanitary accommodation	1	—

SANITARY INSPECTION OF THE AREA

Nature of Inspection	Total Inspections	Notices Informal	Served Formal
Houses Unfit	87	7	1
Houses Unfit (Revisits)	113		
Houses with Defects	410	51	2
Houses with Defects (Revisits)	144		
Houses Drainage	290	24	
Houses Sanitary Accommodation	14	4	
Houses Overcrowding	10		
Houses Dirty	5		
Houses Verminous	14		
Houses Satisfactory	38		
Clearance Areas	10		
Improvement Grants	7		
Water Supplies	223	18	3
Water Samples Collected	57		
Swimming Pools	7		
Schools	6		
Dairies	19	1	
Milk Samples Taken	14		
Food Premises	185	1	
Bakehouses	6		
Factories	7	1	
Shops	6		
Camping Grounds	51		
Caravans	110		
Beach Huts and Shacks	74		
Infectious Disease Enquiries	64		
Refuse Tips and Deposits	63	13	
Premises Inspected for Rats and Mice	282		
Rat and Mice Infestations dealt with	142		
Polluted Rivers and Ditches	66	5	1

Sewage Works	....	....	3		
Cesspool Samples Collected	....		2		
Mosquito Control	....	....	2		
Ice Cream Premises	....	....	42		
Ice Cream Samples Collected			7		
Piggeries	....	....	14	2	
Slaughterhouses	....	....	30		
Number of Pigs Inspected	....		50		
Number of Cattle Inspected			3		
Miscellaneous	....	....	126	2	
			<u>2,803</u>	<u>129</u>	<u>7</u>

FOOD INSPECTION AND FOOD PREMISES

(a)	Unsound food surrendered:	lbs.
	Tinned Meat	197½
	Tinned Fish	3¾
	Tinned Milk	877
	Tinned Fruit	322½
	Tinned Peas	31
	Fresh Meat	491
	Wet Fish	35
	Bacon	77¼
	Cheese	188
	Miscellaneous	31
		<u>2,254</u>

- (b) The Ministry of Food Byelaws, relating to the Handling, Wrapping and Delivery of Food, have been adopted by the Council and were confirmed by the Minister on the 31st January, 1951.
Inspections of all food premises are being made and a copy of the byelaws is being given to each caterer and food tradesman. It is hoped by these means to ensure a good standard of hygiene.
- (c) Nine private slaughterhouses have yearly licences to enable emergency and private licence killing. Butchers notify such killings and the carcasses and organs are inspected.

MILK SUPPLIES

There are fifteen registered distributors supplying milk in the district of whom five have dairy premises within the area.

The following designated milk licences were granted to retailers:—

Dealer's Licence Pasteurised Milk	....	....	....	....	4
Supplementary Licence Pasteurised Milk	....	....	....	....	3
Dealers Licence Tuberculin Tested Milk	....	....	....	....	3
Supplementary Licence Tuberculin Tested Milk	....	....	....	....	4

ICE CREAM

During the year eleven persons were registered to sell ice cream under the Essex County Council Act, 1933. The total number now registered is sixty-six.

Seven samples were submitted for bacteriological examination and were graded as follows:

Grade 1	....	2
Grade 2	....	1
Grade 3	....	3
Grade 4	....	1

CARAVANS AND CAMPING GROUNDS

There are seven licensed camping grounds in the district ; five at St. Osyth and two at Little Clacton. In addition, twenty-one individual movable dwelling licences have been issued during the year.

During the season, in the St. Osyth area, the three large camping grounds are filled to capacity, at peak periods, with approaching 3,000 campers. It would be a reasonable estimate to say that probably 15,000 different holidaymakers stay at these camps during the holiday season. Consequently, there needs to be serious regard to the public health aspect and the Council has decided that the poor sanitary arrangements must not be allowed to continue indefinitely, and that main drainage to a suitable disposal plant or plants is necessary.

It is true to say that with regard to the above, that legislation has failed to keep pace with the growth of the large commercial caravan sites which have become such a feature since the late war.

Holidays in caravans have become increasingly popular mainly because it is the only type of holiday that many persons can afford. A family can by this means take a holiday at the seaside for as little as £6 or so per week plus, of course, travelling expenses and food, which is very much less money than would be required if a hotel or boarding house were chosen.

If a site owner is fortunate enough to own a licensed site in a favourable position he can command £20—£25 per season merely for allowing the parking of a caravan on the site. Caravans are parked on a site usually for the whole season if not the whole year and are there for the purpose of hiring out to those who wish to rent cheap accommodation. These caravans are movable dwellings, but mobility plays no part in their normal use, and must not be compared to the casual mobile caravanner who moves from place to place, stopping for short periods only, avoiding these commercial sites which in any case may be full and so cannot accommodate him.

Many of the caravans parked in seaside sites are owned by small investors who buy caravans solely to hire out and who place them on commercial sites for this purpose. The owner is not particularly interested in caravanning, and the user is interested solely in renting the cheapest form of holiday.

These caravans are in fact being used as houses. Hundreds of them may be parked in rows for the whole year, occupied throughout the holiday season. In some instances the sanitation provided by the site owner is primitive and likely to create insanitary conditions. There is, with insanitary conditions, a constant risk that certain serious infectious diseases may be spread.

We, as a sanitary authority, are interested chiefly in two problems ; liquid wastes and closet accommodation. Liquid waste is water that may have been used in the preparation and cooking of food, washing up after meals, personal washing and the washing of clothes, which may include soiled babies napkins. It is easy to see how this water is liable to contamination, and its disposal should receive careful consideration. The only satisfactory method for such disposal is the provision on the site of an adequate system of drains for the reception, conveyance and approved disposal of such wastes. The storage of such wastes in mobile tanks stationed at intervals is unsatisfactory, except for the smallest sites.

Some sites provide a water borne sewage system to which are connected the drains for the disposal of liquid wastes. This is undoubtedly the best system from a public health point of view, and local authorities

should not agree to the use of pail closets except for the smallest sites. Pail closets, even with the use of a chemical substance are a type of sanitation which even with the most careful management are liable to create insanitary conditions which can cause serious disease.

The ideal sanitary facilities to be aimed at is for every site to have a water borne sewerage system, and for each caravan to have a drain so connected to the system that waste water from the caravan sink can be directly disposed of to the sewerage system.

There are so many escape clauses in Section 269 of the Public Health Act, that there are probably as many unlicensed sites as there are licensed, over which the local authority has little or no control.

SECTION D

HOUSING

(A) Inspection of Dwelling Houses during the year 1951:—	
(1) (a) Total number of dwelling houses inspected for housing defects under Public Health and Housing Acts	977
(b) Number of Inspections made for the purpose	1234
(2) (a) Number of dwellings (included in (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	552
(b) Number of inspections made for the purpose	599
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	87
(4) Number of dwelling houses (exclusive of those under (3) found not to be in all respects fit for habitation	463
(B) Remedy of Defects without service of Formal Notices:—	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	43
(C) Action under Statutory Powers:—	
(a) Proceedings under Housing Act, 1936, Sections 9, 10 and 16:	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling houses rendered fit after service of formal notice	Nil
(a) By owners	Nil
(b) By Local Authority in default of owners	Nil
(b) Proceedings under Public Health Acts :—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	3
(2) Number of dwelling houses in which defects were remedied after service of formal notices:	
(a) By owners	3
(b) By Local Authority in default of owners	Nil

(c) Proceedings under Housing Act, 1936, Sections 11 and 13:			
(1) Number of dwelling houses in respect of which Demolition Orders were made	....	....	Nil
(2) Number of dwelling houses demolished	....	....	4
(d) Proceedings under Housing Act, 1936, Section 12			
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made			Nil
(2) Number of separate tenements or underground rooms of which Closing Orders were determined, the tenement or room having been rendered fit	....		Nil

Housing Act, 1936.

Inspections re Overcrowding	....	....	....	....	10
Enquiries for other Local Authorities	....	....	....	....	4

NEW HOUSES ERECTED DURING 1951

By Private Enterprise	....	....	....	....	....	11
By the Council	....	....	....	....	....	66
						<hr/> 77
						<hr/>

Total permanent houses erected since 1946:—

1946	....	....	32
1947	....	....	102
1948	....	....	75
1949	....	....	84
1950	....	....	67
1951	....	....	77

*437

* N.B. This total does not include 77 pre-fabs and 41 converted army huts.

RURAL HOUSING SURVEY

In 1944 a Report of the Rural Housing Sub-Committee of the Central Housing Advisory Committee was published and, inter alia, recommended a thorough survey of housing conditions in every Rural district in England and Wales as being an essential step preliminary to any long term programme of Rural Housing improvement. This survey was carried out by the Public Health Department of this Council over the past few years.

Dwelling houses up to a rateable value of £15 were included and were classified according to their fitness as follows :

Satisfactory in all respects	....	....	....	....	....	1,033
With minor defects only	....	....	....	....	....	3,513
Requiring repair, structural alteration or improvement	....					1,363
Appropriate for re-conditioning	....	....	....	....		204
Unfit for habitation and beyond repair at reasonable cost						557
						<hr/> 6,670 <hr/>

It will be seen that the housing position is far from satisfactory. Indeed there seems little hope of any overall substantial improvement within the next decade.

The rate of new building does not allow for the replacement of slum property in any noticeable way and the continuance of pre-war rents, in many instances, does not enable owners to carry out repairs to avoid further increase of sub-standard dwellings.

Unless some way can be found to speed the erection of dwellings at much less cost, the rents of Council Houses, despite the high subsidies, will be completely beyond the means of the people it is intended to help. The rents of post-war houses are already too high for many of the people living in slum property.

It must be made economic for owners to improve existing dwellings to avoid having to replace any more than is absolutely essential. Many rural cottages in this district are let at inclusive rentals of 3/-d. to 6/-d. per week and it is hopeless to expect owners to carry out repairs and improvements with what little is left after paying rates and taxes.

The material presented by this survey portrays a valuable picture of the social conditions of the area and should be considerable help in guiding future policy as regard the general improvement of housing.

SECTION E

SHELLFISH (MULLUXAN)

During 1951, 1,948,775 Oysters were passed through the Purification Tanks at Brightlingsea.

The number for the previous years were:

1950	....	....	1,762,404
1949	....	....	1,757,793
1948	....	....	2,044,741
1947	....	....	1,294,900
1946	....	....	2,325,364
1945	....	....	1,665,347
1944	....	....	943,082
1943	....	....	940,658
1942	....	....	809,600
1941	....	....	2,055,714
1940	....	....	2,021,293

SECTION F

PREVENTION AND CONTROL OF INFECTIOUS AND OTHER DISEASES

Disease	Total cases notified	Cases admitted to hospital	Total deaths
Dysentery	7	—	—
Erysipelas	3	—	—
Gastro-Enteritis	2	2	—
Hepatitis	21	—	—
Measles	212	—	—
Paratyphoid	1	1	—
Puerperal Pyrexia	1	—	—
Whooping Cough	150	6	—
Scarlet Fever	19	4	—
Food Poisoning	23	—	—
Totals	439	13	—

DIPHThERIA IMMUNISATION

The mortality and incidence of Diphtheria for the whole country continues to fall. In 1951 deaths numbered 34 against a yearly average of about 2,800 between 1930 and 1940. Nevertheless it is disturbing to learn, possibly because the fear of diphtheria has declined, that fewer and fewer parents are presenting their babies for immunisation. It is vital to secure that not less than 75 per cent of babies are immunised before their first birthday, while it is estimated that only 28 per cent of children under one year old were immunised during 1951. If parents leave their children unprotected there may be a return of diphtheria outbreaks.

During 1951, 226 children between one and five years, and 16 between 5 and 15 years received the full course of inoculations at the Welfare Centres.

VACCINATION

Vaccination is no longer compulsory ; it is, however, the only known protection against smallpox. Although smallpox only occasionally occurs in this country, due to the arrival from abroad of an infected person, and outbreaks have been rapidly brought under control by energetic action on the part of public health departments, nevertheless smallpox is one of the most fatal diseases and approximately thirty per cent of the unvaccinated who contract the disease die.

Vaccination of infants is easily carried out, and causes very little disturbance in the children. Parents are strongly urged to have their infants protected against this dangerous disease.

FOOD POISONING

One outbreak occurred during the year involving 23 boys at a residential school in the district. The outbreak had an explosive onset, but symptoms cleared up after a day or so, and it was not necessary to seek hospital treatment for any of the persons involved.

Investigation revealed that the probable origin of the infection was from one of the kitchen staff, who had a septic cut on one finger, and who contaminated a custard during preparation with germs from his finger. This custard was prepared twenty four hours before consumption, and kept in a very hot room in which were several flies. The custard was reheated before use.

If Pathogenic (disease producing) germs gain access to food they will multiply rapidly given a temperature approaching blood heat and sufficient time (12—30 hours). Obviously the more germs consumed by a person the more severe will be the ensuing disease.

In hot weather food should be stored in a refrigerator, and prepared as late as possible before consumption, re cooking will not make food safe to eat, as the poison formed by certain germs is able to resist boiling, but re cooking will kill the germ itself.

CANCER

38 deaths were caused by this disease giving a rate per thousand of the population of 1.53.

Cancer affecting certain parts of the body, if treated early, is curable. Medical science can cure approximately 95 per cent of all skin cancers, but only 80 per cent are being cured. Stomach cancers are curable in 80 per cent of cases, but only 23 per cent are being cured. 95 per cent of breast cancer can be cured, but only 47 per cent of such cases are being cured. Rectal cancer could be cured in 85 per cent of cases, but only 14 per cent actually are being cured. The tragic gap between the curable and the cured can be blamed on the fact that most cases are in the late stage before they consult their doctor, or are seen by the surgeon.

A National Campaign to educate members of the public concerning cancer would help to shorten this delay between the onset of symptoms and the seeking of medical advice.

Cancer death rates for Tendring since 1920 (per 1,000 population):—

1920	....	1.9	1931	....	1.6	1941	....	1.9
1921	....	1.3	1932	....	1.4	1942	....	1.5
1922	....	0.8	1933	....	1.7	1943	....	2.2
1923	....	1.2	1934	....	2.0	1944	....	1.5
1924	....	1.4	1935	....	1.1	1945	....	2.5
1925	....	1.3	1936	....	1.6	1946	....	1.4
1926	....	1.4	1937	....	1.8	1947	....	1.5
1927	....	1.1	1938	....	1.6	1948	....	1.6
1928	....	1.7	1939	....	2.1	1949	....	1.4
1929	....	1.6	1940	....	1.6	1950	....	1.9
1930	....	1.1				1951	....	1.5

TUBERCULOSIS, 1951

Age groups of the 14 cases notified and 8 deaths during the year are given in the table below:

Ages in Years	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1	—	—	—	—	—	—	—	—
1-5	—	—	1	1	—	—	—	—
5-10	—	—	—	—	—	—	—	—
10-15	—	—	—	—	—	—	—	—
15-20	—	1	—	2	—	—	—	1
20-25	—	—	—	—	—	—	—	—
25-35	—	—	—	—	2	—	—	1
35-45	2	—	2	—	—	—	1	—
45-55	5	—	—	—	—	—	—	—
55-75	—	—	—	—	1	1	—	—
Totals	7	1	3	3	3	1	1	2

New Cases 14

Death 7

New cases of Tuberculosis and deaths since 1939 :—

Year	New Cases	Deaths
1939	28	5
1940	25	7
1941	33	11
1942	30	13
1943	39	11
1944	34	9
1945	32	8
1946	25	5
1947	29	7
1948	28	4
1949	25	3
1950	22	2
1951	14	7

The following figures give the number of cases on the Register at the end of 1951 :—

Respiratory Male	....	57	Non-Respiratory Male	....	32
„ Female	....	30	„ Female	....	34
		—			—
		87			66
		—			—

TOTAL CASES ON REGISTER AT END OF 1951 153

The Registrar General ascribes eight deaths from Tuberculosis to this district, while we have records of seven deaths only.

The age groups of the cases on the register are as follows:—

Age groups in years	Respiratory		Non-Respiratory		Totals
	M.	F.	M.	F.	
1—5	—	—	5	2	7
5—15	2	2	14	20	38
15—25	11	11	4	4	30
25—35	7	8	3	2	20
35—45	16	6	3	3	28
45—55	12	3	2	1	18
55—65	5	—	1	1	7
65 and upwards	4	—	—	1	5
Totals	57	30	32	34	153